

LESSEES' EXEMPTION CLAIM

PROPERTY **USED EXCLUSIVELY FOR PUBLIC**
SCHOOLS, COMMUNITY COLLEGES, STATE
COLLEGES, STATE UNIVERSITIES, OR
UNIVERSITY OF CALIFORNIA

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

To receive the full exemption, this claim must
be filed with the Assessor by February 15.

IDENTIFICATION OF APPLICANT

LESSEE'S CORPORATE OR ORGANIZATION NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

CORPORATE ID (IF ANY)

IDENTIFICATION OF PROPERTY

ADDRESS OF PROPERTY (NUMBER AND STREET)

FISCAL YEAR OF CLAIM
20__ - 20__

CITY, COUNTY, ZIP CODE

ASSESSOR'S PARCEL NUMBER

USE OF PROPERTY ☒ Check and state the primary and incidental qualifying uses of the property.

The exemption claim is made for the following property: *(if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)*

PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
<input type="checkbox"/> Land		
<input type="checkbox"/> Buildings and Improvements		
<input type="checkbox"/> Personal Property		

☐ Yes ☐ No The lease confers upon the lessee the exclusive right to possession and use of the property.

☐ Yes ☐ No As used here a qualifying institution is one whose property qualifies for the public school, community college, state college, state university, or University of California.

Important: Failure to submit the lessor's affidavit will result in denial of the exemption. This claim only applies when lessors are public schools, community colleges, state colleges, state universities or the University of California. Submission of this claim and/or the lessor's affidavit after the due date will result in a portion of the exemption being denied.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

DATE

NAME OF PERSON MAKING CLAIM

TITLE

E-MAIL ADDRESS

DAYTIME TELEPHONE
()

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

RETURN THIS
AFFIDAVIT TO
LESSEE

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSOR

NAME OF QUALIFYING LESSOR INSTITUTION

MAILING ADDRESS

CITY, STATE, ZIP CODE

☒ Check the type of qualifying exclusive use of the property

☐ PUBLIC SCHOOL

☐ STATE UNIVERSITY

☐ COMMUNITY COLLEGE

☐ UNIVERSITY OF CALIFORNIA

☐ STATE COLLEGE

NAME OF LESSEE

MAILING ADDRESS

CITY, STATE, ZIP CODE

DATE LEASE SIGNED

COMMENCEMENT DATE OF LEASE

THE ASSESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT

The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.

PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION

☐ Yes ☐ No The property, or a portion thereof, is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code.
If **Yes**, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this affidavit. Property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

DATE



NAME OF PERSON MAKING CLAIM

TITLE

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DAYTIME TELEPHONE
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